

Contractor/Vendor Survey

11/2014

Date _____

Company Name**Contractor**

Last

First

MI

Email address**Address** (where payments will be sent)

Street Address

City

State

Zip

Contact Information

Home Number

Work Number

Cell Phone

Fax Number

Registered with the Department of Labor and Revenue?

☐ Yes*☐ No

*Date Registered _____

Number of employees

Work availability:

☐ Full Time☐ Part Time**Check current licenses:**☐ Electrical☐ Plumbing☐ Contractor☐ Other (please list)**List counties you cover or mark statewide**☐ Statewide coverage area☐ Counties I cover

I would like to quote and/or supply equipment on the following (Please check all that apply)☐ Aids to Daily Living☐ Bathrooms

(must include ability to do all of these items)

☐ Toilet☐ Sink☐ Roll-in shower☐ Grab Bars☐ Flooring☐ Tile☐ Vinyl☐ Ceiling Track☐ Computer/Related☐ Durable Medical Equipment☐ Ergonomics☐ Hearing☐ Learning/Cognitive☐ Mobility/Seating/Positioning☐ Prosthetics/Orthosis☐ Ramps/Decks/Stairs☐ Aluminum☐ Wooden☐ Concrete☐ Speech/Communication☐ Stair-Guides☐ Vehicle Modifications/Transportation☐ Lifts☐ Turney Seats☐ Hand Controls☐ Vertical Platform Lifts☐ Vision☐ Worksite Modifications☐ Other,

Please list _____

Please list three references

Name

Address

Type of work/dates

Phone Number

Name

Address

Type of work/dates

Phone Number

Name

Address

Type of work/dates

Phone Number

Return this survey to: Assistive Technology Partnership | 3901 N. 27th St. Suite 5 | Lincoln, NE 68521-4177